

Committee for Political Action (PAC) Registration Form

State of Nevada

Print or type the following information; complete both sides of this registration form:

REGISTRATION: (check one) ☒ New registration ☐ Amended registration (if amended, list reason)

REASON FOR AMENDMENT: ☐ Change in officers ☐ Change resident agent
☐ Other

NAME OF COMMITTEE: AFSCME-PEOPLE

Mailing Address:

1625 L Street, NW
Washington, DC 20036

202-429-1179

City

State

Zip

Telephone

PURPOSE: (Briefly state the purpose for which the political action committee was organized.)

Make contributions to labor friendly candidates.

RESIDENT AGENT: (Pursuant to NRS 294A.240, each committee for political action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)

Name of Resident Agent:

Flo Walker

Mailing Address:

2475 Chandler, Suite 4
Las Vegas, NV 89120

702-736-3221

City

State

Zip

Telephone

ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, FLOA WALKER, hereby accept appointment as Resident Agent for the
above named committee for political action.


Signature of Resident Agent

Date

8/8/06

FILE
J. Brennan
AUG 08 2006
Fanned
DEAN HELLER
SECRETARY OF STATE
#1366

OFFICERS: (Please list the name, title, address and telephone number of each officer.)

Name	Gerald W. McEntee	Address	1625 L Street, NW
Title	President	City/State/Zip	Washington, DC 20036
	Telephone Number		202-429-1179
Name	William Lucy	Address	1625 L Street, NW
Title	Secretary-Treasurer	City/State/Zip	Washington, DC 20036
	Telephone Number		202-429-1179

Name	Address
Title	City/State/Zip
	Telephone Number

Name	Address
Title	City/State/Zip
	Telephone Number

Name	Address
Title	City/State/Zip
	Telephone Number

AFFILIATIONS: (If the committee for political action is affiliated with any other organizations, list the name, address and telephone number of each organization.)

Name of Organization:	Address:	Telephone No.:
American Federation of State, County and Municipal Employees	1625 L Street, NW Washington, DC 20036	202-429-1179
_____	_____	_____
_____	_____	_____

Submitted By:  _____
Name of representative of group

Date: 8/8/06

Send Completed Form to:
SECRETARY OF STATE
101 NORTH CARSON STREET #3
CARSON CITY, NEVADA 89701-4786

PHONE: (775) 684-5705 FAX: (775) 684-5718